Utah Department of Health

Office Received: _____

BES Form 61mr 11/05

MEDICAL ASSISTANCE REVIEW

This form is to review your continued eligibility for medical assistance. To complete your review, follow these easy steps:

- Answer **ALL** of the questions on the form, be sure to sign and date it. Use the back of the form for additional space.
- Provide proof of your household's earned income for the last three months. Other proofs may be required.
- Return the form and proofs to the address listed above.

Who Lives In Your Home? List all the people who live in your home. **Start with yourself**.

Name	Relationship	Date of Birth	**Name**	Relationship	Date of Birth
❶	Self		❺		
❷			❻		
❸			❼		
❹			❽		

If anyone has moved into your home since your last review or application, complete the following information for that person:

Name	Relationship	Sex	Race	Birth Date	Age	Social Security Number*	* Citizen Y/N
❶							
❷							

**You do not need to provide Social Security Numbers or Citizenship for household members not requesting medical assistance.*

- Do you want a friend or relative to help with your case? . . . . . ☐ Yes ☐ No
  If yes, please list name, address, and phone number. _____
- Has school status changed for anyone in your household? . . . . . ☐ Yes ☐ No
  If yes, list names and schools attending. _____
- Is anyone in your home pregnant or disabled? . . . . . ☐ Yes ☐ No
  If yes, give name and due date or type of disability. _____

Assets - List vehicles in the next section. List any assets you own or owned by anyone who lives with you. Assets are bank accounts, cash, IRA/401K, stocks/bonds, life insurance/burial funds, homes, property, livestock, trailers, trusts, etc. Include any personal household items that could be sold for $500 or more. You may be required to provide proof of this information.

Type of Asset/Name of Bank	Owners	Joint? Yes/No	Balance/Value	Amount Owed

Vehicles (Car Snowmobile MotorCycle Other Vehicle Truck/Van Motor Home Boats/Motors, etc)

Type of Vehicle	Make	Model	Year	Licensed Lic. # / State	Owner/ Joint Owners	Amount Owed	Current Value

Income - For each household member, list all the income he or she receives. Include income from Alimony, Retirement, Social Security, Child Support, Unemployment, Earnings, Self-employment, etc.

Name	Source	Monthly Amount	Employer Name Address & Phone Number	Hours Worked Weekly	How Often Paid	Rate of Pay
	❶					
	❷					
	❶					
	❷					

◙ If you have changed employment, when was the change?_____

◙ Do you expect any changes in earnings or number of hours worked? . . . . . □ Yes □ No
If yes, explain: _____

◙ Does anyone help you pay rent, food, or utility bills; OR, does someone in the household work in exchange for rent, food, or utility bills? . . . . . □ Yes □ No
If yes, explain: _____

◙ Has anyone in the household received SSI and then stopped receiving it? . . . . . □ Yes □ No
If yes, list name and reason SSI stopped: _____

◙ Has anyone applied for SSI, SSA, VA, Unemployment, or Worker's Compensation? . . . . . □ Yes □ No
If yes, explain _____

Expenses - You will be required to provide proofs of your expenses.

Do you pay for another of the items listed below and list the amount?
Child support or alimony $ _____
Does anyone in the household pay for dependent care $_____ Children's names_____
Work related expenses if you are disabled $_____

INSURANCE INFORMATION	
1. Do you currently have health insurance? *(Include Medicare but not PCN, CHIP, or Medicaid)*	❑ Yes ❑ No
2. Has anyone had Insurance that has ended in the past 6 months?	❑ Yes ❑ No
3. Do you have insurance available which you have not enrolled in?	❑ Yes ❑ No
4. Does someone in your home have a major medical need?	❑ Yes ❑ No
5. Have you or any household member been injured in an accident or assault?	❑ Yes ❑ No
6. Is any other person required to pay medical expenses for anyone in your household? If yes, person's name _____ Phone Number_____	❑ Yes ❑ No
7. Has anyone in your household ever served in the military? Name Dates of Service	❑ Yes ❑ No

REMINDER!! You are required to report changes in your situation <u>within 10 days</u> of the day you learn of the change. Changes can effect your eligibility. If you receive benefits and are not eligible, you will have to repay those benefits.

REPORT: **<u>CHANGES IN INCOME SOURCE</u> OR <u>CHANGE OF MORE THAN $25 IN INCOME OR EXPENSES</u>**
<u>CHANGES IN THE LEGAL OBLIGATION TO PAY CHILD SUPPORT</u>
<u>CHANGES IN MARITAL STATUS OR LIVING ARRANGEMENTS</u>
<u>CHANGES IN ANY ASSET</u>
<u>CHANGES IN INSURANCE COVERAGE</u>

If you are not registered to vote where you live now, would you like to apply to register to vote today? . . . . □ Yes □ No